

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1            | /        |     |                     |     |                     |     |
| 2            |          | 1   |                     |     |                     |     |
| 3            |          | 1   |                     |     |                     |     |
| 4            |          | 1   |                     |     |                     |     |
| 5            |          | 1   |                     |     |                     |     |
| 6            |          | 1   |                     |     |                     |     |
| 7            |          | 1   |                     |     |                     |     |
| 8            |          | 1   |                     |     |                     |     |
| 9            |          | 1   |                     |     |                     |     |
| 10           |          | 1   |                     |     |                     |     |
| 11           |          | 1   |                     |     |                     |     |
| 12           |          | 1   |                     |     |                     |     |
| 13           |          | 1   |                     |     |                     |     |
| 14           |          | 1   |                     |     |                     |     |
| 15           |          | 1   |                     |     |                     |     |
| 16           |          |     |                     |     |                     |     |
| 17           |          | 1   |                     |     |                     |     |
| 18           |          | 1   |                     |     |                     |     |
| 19           |          | 1   |                     |     |                     |     |
| 20           |          | 1   |                     |     |                     |     |
| 21           |          | 1   |                     |     |                     |     |
| 22           |          | 1   |                     |     |                     |     |
| 23           |          | 1   |                     |     |                     |     |
| 24           |          | 1   |                     |     |                     |     |
| 25           |          | 1   |                     |     |                     |     |
| 26           |          | 1   |                     |     |                     |     |
| 27           |          |     |                     |     |                     |     |
| 28           |          |     |                     |     |                     |     |
| 29           |          |     |                     |     |                     |     |
| 30           |          |     |                     |     |                     |     |
| 31           |          |     |                     |     |                     |     |
| 32           |          | 1   |                     |     |                     |     |
| 33           |          | 1   |                     |     |                     |     |
| 34           |          | 1   |                     |     |                     |     |
| 35           |          | 1   |                     |     |                     |     |
| 36           |          | 1   |                     |     |                     |     |
| 37           |          | 1   |                     |     |                     |     |
| 38           |          | 1   |                     |     |                     |     |
| 39           |          | 2   |                     |     |                     |     |
| 40           |          | 2   |                     |     |                     |     |
| 41           |          | 2   |                     |     |                     |     |
| 42           |          | 1   |                     |     |                     |     |
| 43           |          | 1   |                     |     |                     |     |
| 44           |          | 1   |                     |     |                     |     |
| 45           |          | 1   |                     |     |                     |     |
| 46           |          |     |                     |     |                     |     |
| 47           |          |     |                     |     |                     |     |
| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND.   |          |     |                     |     |                     |     |
| TOTAL DEP.   |          |     |                     |     |                     |     |
| TOTAL CLAIMS |          |     |                     |     |                     |     |

100

|              |  |  |  |
|--------------|--|--|--|
| TOTAL IND.   |  |  |  |
| TOTAL DEP.   |  |  |  |
| TOTAL CLAIMS |  |  |  |